

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Ambulatory Surgery Centers
Managed Care Organizations

Memorandum No: 06-95
Issued: December 27, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

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Subject: Ambulatory Surgery Centers (ASC): 2007 Changes and Additions to CPT® and HCPCS Codes, Policies and Fee Schedules

Effective for dates of service on and after January 1, 2007, the Health and Recovery Services Administration (HRSA) will adopt the Year 2007 Medicare Fee Schedule Database (MFSDB) Ambulatory Surgery Centers (ASC) groups for the Current Procedural Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) Level II codes for 2007.

Overview

- **All policies previously published remain the same unless specifically identified as changed in this memo.**
- The new 2007 additions, deletions, and payment group changes are available on the HRSA Fee Schedules web page. Visit our website at <http://maa.dshs.wa.gov>. Click **Provider Publications/Fee Schedules**, then **Fee Schedules**.

Do not use CPT and HCPCS codes that are deleted in the “*Year 2007 CPT*” book and the “*Year 2007 HCPCS*” book for dates of service after December 31, 2006.

Policy Statement

All procedures performed in an ASC are subject to the parent program guidelines. **For example:** Surgery procedures are subject to the Physician-Related Services Washington Administrative Code (WAC) and *Physician-Related Services Billing Instructions*; dental procedures are subject to the Dental-Related Services WAC and *Dental Program Billing Instructions*.

Bill HRSA your usual and customary charge.

Deleted Procedure Codes

Effective for dates of service on and after January 1, 2007, HRSA has incorporated the CPT and HCPCS code updates into the Ambulatory Fee Schedule. HRSA has also updated coverage and prior authorization.

Added Procedure Codes

HRSA will add the following procedure codes to those procedures that are payable when performed or provided in an ASC:

Procedure Code	Brief Description	Status Indicator	Group	Type of Authorization
15002	Wnd prep, ch/inf, trk/arm/lg	Covered	2	N/A
15003	Wnd prep, ch/inf addl 100 cm	Covered	1	N/A
15004	Wnd prep ch/inf, f/n/hf/g	Covered	2	N/A
15005	Wnd prep, f/n/hf/g, addl cm	Covered	1	N/A
15731	Forehead flap w/vasc pedicle	Covered	3	N/A
15830	Exc skin abd	Covered	3	PA
15847	Exc skin abd add-on	#	N/A	N/A
19295	Place breast clip, percut	Covered	1	N/A
19297	Place breast cath for rad	Covered	9	PA
19300	Removal of breast tissue	Covered	4	EPA
19301	Partical mastectomy	Covered	3	N/A
19302	P-mastectomy w/ln removal	Covered	7	N/A
19303	Mast, simple, complete	Covered	4	N/A
19304	Mast, subq	Covered	4	N/A
21356	Treat cheek bone fracture	Covered	3	N/A
22520	Percut vertebroplasty thor	#	N/A	N/A
22521	Percut vertebroplasty lumb	#	N/A	N/A
22522	Percut vertebroplasty addl	#	N/A	N/A
25606	Treat fx distal radial	Covered	3	N/A
25607	Treat fx rad extra-articul	Covered	5	N/A
25608	Treat fx rad intra-articul	Covered	5	N/A
25609	Treat fx radial 3+ frag	Covered	5	N/A
27325	Neurectomy, hamstring	Covered	2	N/A
27326	Neurectomy, popliteal	Covered	2	N/A
28055	Neurectomy, foot	Covered	4	N/A

Procedure Code	Brief Description	Status Indicator	Group	Type of Authorization
31620	Endobronchial us add-on	Covered	1	PA
36818	Av fuse, uppr arm, cephalic	Covered	3	N/A
43257	Uppr gi scope w/thrml txmnt	#	N/A	N/A
43761	Reposition gastrostomy tube	Covered	1	N/A
46946	Ligation of hemorrhoids	Covered	1	N/A
49402	Remove foreign body, abdomen	Covered	2	N/A
54865	Explore epididymis	Covered	1	N/A
55875	Transperi needle place, pros	Covered	9	N/A
56442	Hymenotomy	Covered	1	N/A
57267	Insert mesh/pelvic flr addon	Covered	7	N/A
57558	D&C of cervical stump	Covered	3	N/A
61795	Brain surgery using computer	Covered	1	N/A
67346	Biopsy, eye muscle	Covered	1	N/A
0176T	Aqu canal dilat w/o retent	#	N/A	N/A
0177T	Aqu canal dilat w retent	#	N/A	N/A
G0392	AV fistula or graft arterial	#	N/A	N/A
G0393	AV fistula or graft venous	Covered	9	N/A

Expedited Prior Authorization Changes

The procedure code for mastectomy for gynecomastia (CPT code 19140) has been deleted and replaced by CPT code 19300. HRSA has updated the EPA criteria for this code to reflect this change (see below).

Reduction Mammoplasties/Mastectomy for Gynecomastia

CPT: 19318, 19300

DX: 611.1 and 611.9 only

242 Diagnosis for *gynecomastia*:

- 1) Pictures in client's chart, *and*
- 2) Persistent tenderness and pain, *and*
- 3) If history of drug or alcohol abuse, must have abstained from drug or alcohol use for no less than one year.

250 Reduction mammoplasty or mastectomy, not meeting expedited criteria, but medically necessary/medically appropriate in accordance with established criteria. Evidence of medical appropriateness must be clearly evidenced by the information in the client's medical record.

Billing Instructions Replacement Pages

Attached are updated replacement pages 11-12 for HRSA's current *Ambulatory Surgery Centers Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Washington State Expedited Prior Authorization Criteria Coding List

Code	Criteria
BLADDER NECK SUSPENSION	
CPT Codes: 57288 and 57289	
201	Diagnosis of <i>stress urinary incontinence</i> with all of the following: <ol style="list-style-type: none"> 1) Documented urinary leakage severe enough to cause the client to be pad dependent; <i>and</i> 2) Surgically sterile or past child bearing years; <i>and</i> 3) Failed conservative treatment with one of the following: bladder training or pharmacologic therapy; <i>and</i> 4) Urodynamics showing loss of ureterovesical angle or physical exam showing weak bladder neck; <i>and</i> 5) Recent gynecological exam for coexistent gynecological problems correctable at time of bladder neck surgery.
BLEPHAROPLASTIES	
CPT Codes: 15822, 15823, and 67901 – 67908	
630	Blepharoplasty for noncosmetic reasons when both of the following are true: <ol style="list-style-type: none"> 1) The excess upper eyelid skin impairs the vision by blocking the superior visual field; and 2) On a central visual field test, the vision is blocked to within 10 degrees of central fixation.
OTHER REDUCTION MAMMOPLASTIES/MASTECTOMY FOR GYNECOMASTIA	
250	Reduction mammoplasty or mastectomy, not meeting expedited prior authorization criteria, but medically necessary as clearly evidenced by the information in the client's medical record.
REDUCTION MAMMOPLASTIES/MASTECTOMY FOR GYNECOMASTIA	
CPT Codes: 19318 and 19300 (19300 replaces 19140)	
Associated ICD-9-CM Diagnosis codes: 611.1 (Hypertrophy of Breast) or 611.9 (Gynecomastia)	
241	Diagnosis for <i>hypertrophy of the breast</i> with: <ol style="list-style-type: none"> 1) Photographs and client's chart; and 2) Documented medical necessity including: <ol style="list-style-type: none"> a) Back, neck, and/or shoulder pain for a minimum of one year, directly attributable to macromastia; and b) Conservative treatment not effective; and 3) Abnormally large breasts in relation to body size with shoulder grooves; and 4) Within 20% of ideal body weight; and 5) Verification of minimum removal of 500 grams of tissue from each breast.
242	Diagnosis for <i>gynecomastia</i> : <ol style="list-style-type: none"> 1) Pictures in client's chart; and 2) Persistent tenderness and pain; and 3) If history of drug or alcohol abuse, must have abstained from drug or alcohol use for no less than one year.

Code	Criteria
STRABISMUS SURGERY	
CPT Codes: 67311 – 67340	
631	Strabismus surgery for clients 18 years of age and older when both of the following are true: <ol style="list-style-type: none"> 1) The client has double vision; and 2) It is not done for cosmetic reasons.
VAGINAL HYSTERECTOMY	
CPT Code: 58550	
111	Diagnosis of abnormal uterine bleeding in a client 30 years of age or older with <i>two or more</i> of the following conditions: <ol style="list-style-type: none"> 1) Profuse uterine bleeding requiring extra protection more than eight days a month for more than 3 months. 2) Documented hct of less than 30 or hgb less than 10. 3) Documentation of failure of conservative care i.e.: d&c, laparoscopy, or hormone therapy for at least three months.
112	Diagnosis of fibroids for any <i>one</i> of the following indications in a client 30 years of age or older: <ol style="list-style-type: none"> 1) Myomata associated with uterus greater than 12 weeks or 10cm in size 2) Symptomatic uterine leiomyoma regardless of size with profuse bleeding more than eight days a month for three months requiring extra protection or documented hct less than 30 or hgb less than 10 3) Documented rapid growth in size of uterus/myomata by consecutive ultrasounds or exams.
113	Diagnosis of symptomatic endometriosis in a client 30 years of age or older with the following: <ol style="list-style-type: none"> 1) Significant findings per laproscope; <i>and</i> 2) Unresponsiveness to 3 months of hormone therapy or cauterization.
114	Diagnosis of chronic advanced pelvic inflammatory disease in a client 30 years of age or older with infection refractory to multiple trials of antibiotics.